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(Required by 39 USC 3

1. Publication Title	2. Publication Number	3. Filing Date
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4. Issue Frequency	5. Number of Issues Published Annually	6. Annual Subscription Price
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8. Complete Mailing Address of Headquarters or General Business Office of Publisher *(Not printer)*: 227 East Washington Square, Philadelphia, PA 19106

9. Full Names and Complete Mailing Address: [illegible] of Publisher, Editor, and Managing Editor *(Do not leave blank)*

Publisher *(Name and complete mailing address)*: Lippincott-Raven Publishers, 227 E. Washington Square, Philadelphia, PA 19106

Editor *(Name and complete mailing address)*: Carol Reed Ash, College of Nursing, PO Box 100187, J. Hillis Health Center, Univ. of Florida, Gainesville FL 32160-0187

Managing Editor *(Name and complete mailing address)*: Greg Fagan, Lippincott-Raven Publishers, 1185 Ave of the Americas, N.Y., N.Y. 10036

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Full Name	Complete Mailing Address
Lippincott-Raven Publishers	227 E. Washington Square, Phila., PA 19106
Wolters Kluwer US	1185 Avenue of the Americas, N.Y., N.Y. 10036
Wolters Kluwer nv (owns 100% of stock)	Stadhouderskade 1
	1045 FS Amsterdam, The Netherlands

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Full Name	Complete Mailing Address
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☐ Has Not Changed During Preceding 12 Months
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13. Publication Title: Cancer Nursing: An International Journal for Cancer Care		14. Issue Date for Circulation Data Below: Vol 19, #4	
15. Extent and Nature of Circulation		Average No. Copies Each Issue During Preceding 12 Months	Actual No. Copies of Single Issue Published Nearest to Filing Date
a. Total Number of Copies *(Net press run)*		5,550	5,000
b. Paid and/or Requested Circulation	(1) Sales Through Dealers and Carriers, Street Vendors, and Counter Sales *(Not mailed)*		
	(2) Paid or Requested Mail Subscriptions *(Include advertiser's proof copies and exchange copies)*	3,643	3,485
c. Total Paid and/or Requested Circulation *(Sum of 15b(1) and 15b(2))*		3,643	3,485
d. Free Distribution by Mail *(Samples, complimentary, and other free)*		228	269
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f. Total Free Distribution *(Sum of 15d and 15e)*		228	269
g. Total Distribution *(Sum of 15c and 15f)*		3,871	3,754
h. Copies not Distributed	(1) Office Use, Leftovers, Spoiled	1,679	1,246
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Percent Paid and/or Requested Circulation *(15c / 15g x 100)*		94%	93%

16. Publication of Statement of Ownership
☐ Publication required. Will be printed in the Vol. 19, #6 issue of this publication.
☐ Publication not required.

17. Signature and Title of Editor, Publisher, Business Manager, or Owner: Beverly D. Dietrich CIRCULATION DIRECTOR — Date: 9/26/96

I certify that all information furnished on this form is true and complete. I understand that anyone who furnishes false or misleading information on this form or who omits material or information requested on the form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties).

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3. Be sure to furnish all circulation information called for in item 15. Free circulation must be shown in items 15d, e, and f.
4. If the publication had second-class authorization as a general or requester publication, this Statement of Ownership, Management, and Circulation must be published; it must be printed in any issue in October or, if the publication is not published during October, the first issue printed after October.
5. In item 16, indicate the date of the issue in which this Statement of Ownership will be published.
6. Item 17 must be signed.

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